



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E467202**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-2457
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	10 - 01 - 2015	TIME (2400)	1554	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF	CITY #	0664
-------------------	----------------	-------------	------	----------	----	-------	--	---	--------	------

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR92 BLOCK NO. ☒ 11700

MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ N ☐ E ☐ S ☐ W ☐

OF (REFERENCE OR CROSS STREET) **GRADE RD**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4252466493

LAST NAME **MINER-BALL** FIRST NAME **SAMANTHA** MIDDLE INITIAL **L**

STREET NEW ADDRESS ☐ **17105 STATE ROUTE 92**

CITY **GRANITE FALLS** ST **WA** ZIP **982529783**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **MINERSL027C3** STATE **WA** SEX **F** D.O.B. **MMDDYYYY** **02** - **23** - **1998**

ON DUTY ☐ STATUS ☐ AIRBAG **4** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **ARU5667** STATE **WA** VIN# **KNDJT2A24B7244963**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2011** MAKE **KIA** MODEL **SOUL** STYLE **UT** VEHICLE TOWED YES ☒ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **MOLINA BALL 17105 STATE ROUTE 92 GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **VERN FONK 25-PAC-2-1794314**

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4252579065

LAST NAME **POWERS** FIRST NAME **MONTY** MIDDLE INITIAL **D**

STREET NEW ADDRESS ☐ **9226 131ST AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982588819**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **POWERMD402LQ** STATE **WA** SEX **M** D.O.B. **MMDDYYYY** **06** - **18** - **1960**

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B51342P** STATE **WA** VIN# **2GTEK19T241160894**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2004** MAKE **GMC** MODEL **K1PU** STYLE **4C** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **DEBBIE GREEN 4001 139TH AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **DAIRYLAND INS CO WA 454135539**

OFFICER'S NAME (PRINT) **N. ADAMS #127** BADGE OR ID # **127** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E467202**

CASE # **15-2457**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 10/01/15 at about 1559 hours (all times approximate), I was dispatched to a collision at the intersection of SR92 and Grade Rd, in the city of Lake Stevens.

I asked the driver of Vehicle 1 (LIC: ARU5667) what happened, she said she was stopped at the stop sign in the northbound lane on Grade Rd and SR92. Vehicle 1 waited as a vehicle (headed eastbound on SR92) passed through the intersection, then Vehicle 1 pulled out onto SR92 to head westbound.

Vehicle 1 failed to see Vehicle 2 (LIC: B51342P) following the first vehicle. Vehicle 1 attempted to speed across SR92 to avoid a collision but Vehicle 2 collided into the rear-quarter panel of the driver's side of Vehicle 1.

Vehicle 2's driver provided a written statement corroborating the above verbal statement.

Both drivers of Vehicles 1 and 2 were only occupants of the vehicles and neither of them claimed to be injured. Fire arrived but cleared without transporting anyone.

Vehicle 1 was privately towed while the driver of Vehicle 2 declined a tow.

I took digital photographs of the vehicles, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-02-15 07:18 AM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 0071

DATE

10/2/2015 5:10:17 PM

BADGE OR ID #

127

ORI #

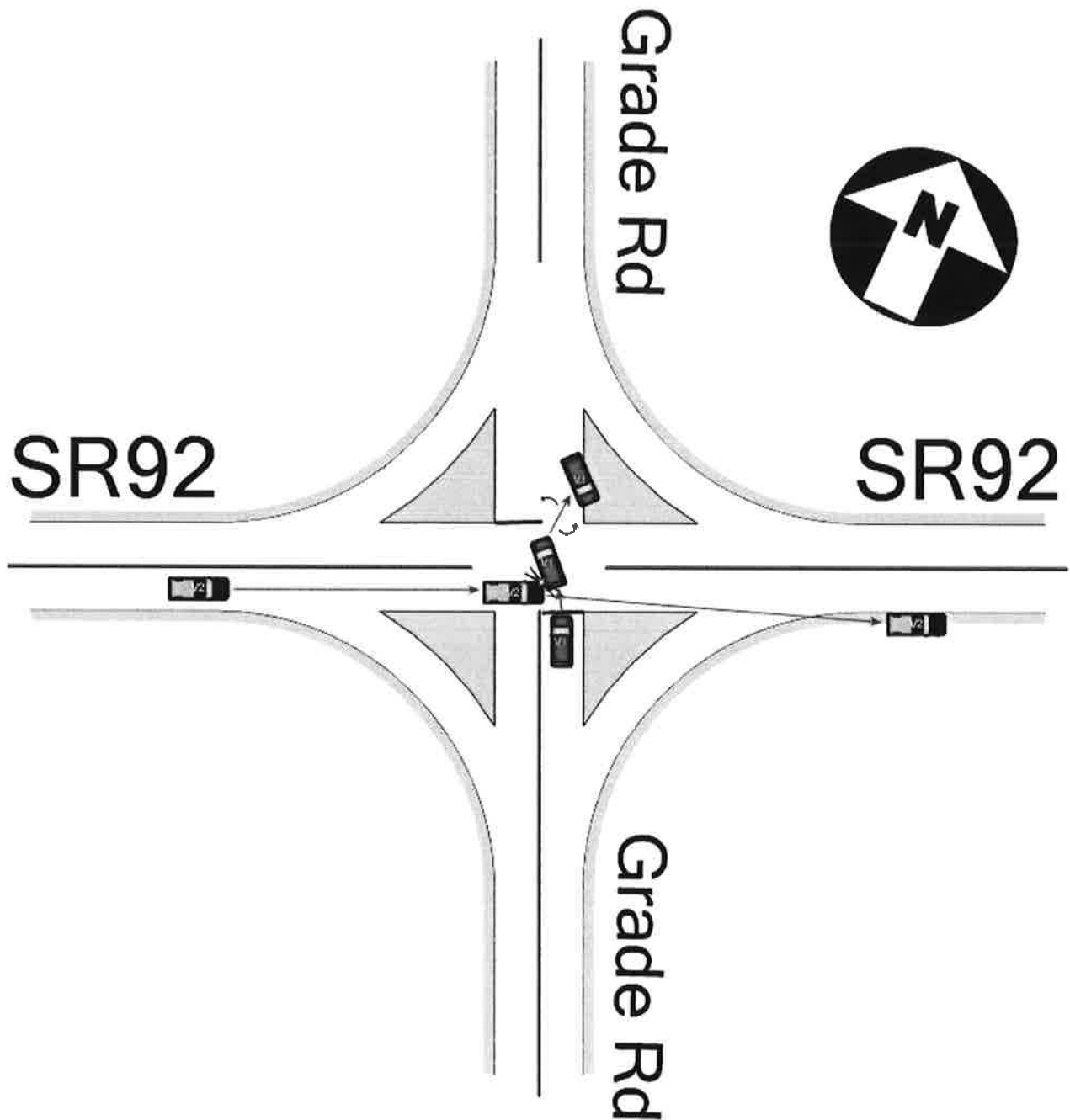
WA0311900

TIME POLICE DISPATCHED

3:59 PM

TIME POLICE ARRIVED

4:03 PM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02457

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Powers Monty Dean	RACE W	ETH	SEX M	DOB 06-18-60	AGE 55	HGT 6-0	WGT 225	HAIR Blk	EYES Blue
STREET ADDRESS 9226 131 AVE NE		CITY LK STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE N/A		CELL PHONE 425-754-4598			PLACE OF EMPLOYMENT PCE 920 West Marine					
WORK PHONE 425-757-9065		EMAIL ADDRESS			DR EVERETT WASH					

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling East bound Highway 92 when I got to grade RD Red Kia pulled out in my lane of travel.
I hit left seat of Kia

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Monty Powers	DATE SIGNED 10-1-15	LOCATION SIGNED
OFFICER/NUMBER: Adams #127	DATE SIGNED 10/01/15	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



15-02457



15-02457



15-02457

1. Name and address of each driver, passenger and witness.
2. Name of insurance company and policy number for each vehicle involved.

Year: 2011 Make: KIA Model: SOUL VIN:

Cut the cards below and keep them in your wallet(s) or with your vehicle.

Automobile Insurance Identification Card			
Eagle West Insurance Company NAIC Code 12890			
Named Insured:	Bail Molina & Craig		
Policy Number:	25-PAC-2-1794314		
Effective Date:	09/21/2015	Expiration Date:	03/21/2016
Vehicle:	2011 KIA SOUL		
VIN:	KNDJT2A24B7244863		
Agency Name:	Vern Fork Insurance Services Inc.		
Telephone Number:	(360) 853-3737		
TO REPORT A CLAIM, CONTACT THE CLAIM SERVICE CENTER: (800) 988-9874			

00-0718 WA (09-10)

The form below must be used when registering your vehicle with the T

Automobile Insurance Identification Card			
Eagle West Insurance Company NAIC Code 12890			
Named Insured:			
Policy Number:			
Effective Date:			
Vehicle:			
VIN:			
Agency Name:			
Telephone Number:			
TO REPORT A CLAIM, CONTACT THE CLAIM SERVICE CENTER: (800) 988-9874			

00-0718 WA (09-10)

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Adams #127</i>				Case Number <i>15-02457</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>Collision</i>				Date/Time: <i>10/01/15 1717</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkgs will be held for 60 days or 60 days past owner notification							

Case # 15-02457

Item # <i>NA1</i>	Item <i>CD with pics</i>			Brand Name <i>Verbatim</i>			Storage Location	Disposition					
	Brand/Model/Caliber			(Further Description)									
	Serial #		Where Found	Weight of Narcotic									
Action # <i>3</i>													
Owner's Name <i>LSPD</i>							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber			(Further Description)									
	Serial #		Where Found	Weight of Narcotic									
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber			(Further Description)									
	Serial #		Where Found	Weight of Narcotic									
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber			(Further Description)									
	Serial #		Where Found	Weight of Narcotic									
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber			(Further Description)									
	Serial #		Where Found	Weight of Narcotic									
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15019810

Case Numbers: \$SS15002457

Received 10/01/15 15:54:33 BY SPDF24 SP0263
Entered 10/01/15 15:55:53 BY SPDF24 SP0263
Dispatched 10/01/15 15:59:00 BY SPDP17 SP0194
Enroute 10/01/15 15:59:00
Onscene 10/01/15 16:03:29
Closed 10/01/15 16:38:28

Initial Type: INFO Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1720 Map Page: 377H-4 Group: SS1 Beat: NORT

Src: 9

Loc: GRADE RD/SR 92 ,LKS (V)

Latitude: (+) 48.030177 Longitude: (-) 122.072847

Loc Info: VERIZON WIRELESS,

Name: POWERS, MONTE

Addr:

Phone: 4253301173

/1555 (SP0263) ENTRY , INTERSECTION, BLK CHEV PU VS RED SUV, FEM APPEA
RS TO BE INJ'D, UNK IF CON
/1557? (SP0323) SUPP NAM: POWERS, MONTE,
PHO: 4257544598,
TXT: CC, NON INJ, ON SR 92, NON BLOCKING, RED KI
A VS DRK CHEVY GMC PU
/1558 CHANGE TYP: INFO --> COL,
RSP: P --> TP,
PRI: 3 --> 2
/1559 (SP0194) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)
/1600 ASSTER 19D3 [GRADE RD/SR 92 ,LKS]
#SS130 RUTHERFORD, OFCR (RICH)
/1603 ONSCNE 19D2
/1607 (SS130) *ONSCNE 19D3
/1614 (SP0194) ROTREQ 19D2 TOW 5348 LKS SPEEDWAY TOWING INC
3605635630
/1616 MISC 19D2 , SPEEDWAY TOWING ENROUTE
/1619 (SS127) *MISC 19D2 , VEHICLE 2 PH # 4252579065
/1624 *MISC 19D2 , VEHICLE 1 PH # 4252466493
/1628 REMINQ 19D2 MDTWANT, POWERS, MONTY, D, 061860, , , WA, , , , , , , , , , ,
/1628 (SS130) *CLEAR 19D3 D/D
/1629 (SS127) REMINQ 19D2 MDTWANT, MINERBALL, SAMANTHA, L, 022398, , , WA, , , , , , , , , , ,
/1632 *ASNCAS 19D2 \$SS15002457
/1637 (SP0194) ROTREQ 19D2 TOWX 5348 LKS SPEEDWAY TOWING INC
3605635630
/1638 CLEAR 19D2 D/H
/1638 CLOSE 19D2